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From: Eduardo J. Quinones

Date: March 1, 2007

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VIA FAX

Please see attached re Application Number 10/677,596.

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PTO/SB/21 (09-06)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/677,596	
	Filing Date	October 2, 2003	
	First Named Inventor	Eischelhut, W.R.	
	Art Unit	2836	
	Examiner Name	Parker, D.M.	
Total Number of Pages in This Submission	41	Attorney Docket Number	5853-268

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input checked="" type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Other document description in remarks
Remarks 1. Request for Continued Examination Form 2. Exhibit "A" - Univ. of Florida Disclosure Form (12 Pages) 3. Exhibit "B" - Misdated authorization letter (1 page) 4. Exhibit "C" - Explanatory email for Exhibit "B" (1 page) 5. Exhibit "D" - Correctly dated letter (1 page)		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Akerman Senterfitt		
Signature			
Printed name	Eduardo J. Quinones		
Date	3/1/07	Reg No	58,575

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Effective on 12/01/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918). FEE TRANSMITTAL For FY 2007		Complete if Known Application Number: 10/677,596 Filing Date: October 2, 2003 First Named Inventor: Eisenstadt, W.R. Examiner Name: Parries, D.M. Art Unit: 2836 Attorney Docket No.: 5853-268	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	455.00	

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims: _____ Extra Claims: _____ Fee (\$): _____ Fee Paid (\$): _____
 HP = highest number of total claims paid for, if greater than 20.
 Indep. Claims: _____ Extra Claims: _____ Fee (\$): _____ Fee Paid (\$): _____
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) _____

Other (e.g., late filing surcharge), Payment for One Month Extension of Time (60.00) RCF (395.00) _____

455.00

SUBMITTED BY

Signature:	Registration No. (Attorney/Agent): 58,575	Telephone: 561-653-5000
Name (Print/Type): Eduardo J. Quiñones	Date: 3/1/07	

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